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(Depositor's name) HOLLYWOOD, FL 33022-2480 (Depositor's name) **G. NO. 41.94**7 (Signature) 2007 CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 6148 S303P07677 10/566,560 02/21/2006 Konstantin Thiveos 06/19/2007 WASFAW2 00000035 10566560 TITLE OF INVENTION: METHOD AND SYSTEM FOR THE VALIDATING OF FAULT SYMPTOMS 01 FC:1501 1400.00 OP 02 FC:1504 300.00 NP PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE APPLN, TYPE 06/15/2007 \$300 \$0 \$1700 NO \$1400 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** NGHIEM, MICHAEL P 2863 702-059000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Laurence A. Greenberg (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Werner H. Stemer (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form Ralph E. Locher PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Siemens Aktiengesellschaft Muenchen, Germany Please check the appropriate assignce category or categories (will not be printed on the patent): \square Individual \square Corporation or other private group entity \square Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ______(enclose an extra copy of this form). ☐ Advance Order - # of Copies 5. Change in Entity-Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. June 15, 2007 **Authorized Signature** Date RALPH E. LOCHER RALPH E. LOCHER Registration No. Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

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